

STEVE ADDAZIO FOOTBALL CAMP

at Temple University



Steve Addazio Football Camp, LLC

1001 W. Diamond Street
Philadelphia, PA 19122
215.204.4694 Fax: 215.204.0872

CAMPER INFORMATION

CAMPER'S LAST NAME FIRST NAME MI

ADDRESS: STREET CITY

STATE ZIP CELL PHONE HOME PHONE

SCHOOL (FULL NAME) / GRADE IN FALL '11

T-SHIRT SIZE HEIGHT WEIGHT DOB

EMAIL ADDRESS— This will be how you receive confirmation and all additional camp information.

Offensive Position (circle one) OL TE RB WR QB
Defensive Position (circle one) DL LB DB

CAMP SESSION

INSTRUCTIONAL CAMP — GRADES 6-12
\$55 PER CAMPER — (check box to left of date)

May 29 June 5 June 18 June 23 June 26

DIAMOND STREET DOUBLE

Check this box and select (1) additional camp date and pay just \$25 more!

Lunch— \$7 (1 burger, 1 hot dog, bag of chips & a drink— not included in camp price)

PAYMENT

Please send payment with your application

PAYMENT BY: CHECK MONEY ORDER
TOTAL AMOUNT ENCLOSED: \$

NOTE: Make checks payable to the "STEVE ADDAZIO FOOTBALL CAMP." Send check and application to:

Steve Addazio Football Camp, LLC
1001 West Diamond Street
Philadelphia, PA 19122

For more information, email us at: football@temple.edu

CAMPER INFORMATION

I, the undersigned, individually and as parent and guardian of _____, a minor, agree that my child may participate in the Steve Addazio Football Camp ("Camp"). In consideration for permitting my child to so participate, I do hereby agree to full release, discharge and hold harmless Steve Addazio, individually, the Camp, and TEMPLE UNIVERSITY, including all managers, coaches, organizers, sponsors, supervisors, employees or contractors, from any and all liability for any and all injuries my child may incur during the par-

ticipation in the Camp. I understand that my execution of this Release is a pre-condition to my child's acceptance and participation in the Camp. I do hereby further agree to indemnify and hold harmless Steve Addazio, individually, and the Camp, including all managers, coaches, organizers, sponsors, supervisors, employees or contractors in any action arising out of participation of my child in the Camp.

MEDICAL TREATMENT AUTHORIZATION

In case of an emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I give my permission to any attending physician and medical service personnel to tender medical treatment to my child, _____, including (if necessary) hospitalization. I understand further that any expense arising from injury shall be my responsibility. I hereby authorize the staff of the Camp to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine tests) and medical treatment as necessary to my child, _____, a minor. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event that an emergency occurs, and if I cannot be reached, I give my consent for physicians and staff at Temple University Health Services to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. Accident insurance for the Steve Addazio Football Camp is provided on an excess basis. All registrants must have their own primary medical insurance. Any medical claims will be the primary responsibility of the parent or guardian's medical coverage on an as needed basis.

Parent / Guardian Name (Print) Emergency Contact Number

Parent / Guardian Signature Date

CAMPER HEALTH FORM

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. Physical condition that the clinician should be aware of (allergies, recurring illness, disabilities, chronic illnesses, current medications) include:

CHECK ALL THAT APPLY

Asthma Diabetes
 Bleeding Disorders Heart Disease
 Concussions Rheumatic Fever
 Convulsions

Allergies to Drugs: _____
Last Physical Examination (date): _____
Last Tetanus Immunization (date): _____
Current Medications: _____
Chronic or Recurring Illnesses: _____
Operations/Injuries (dates): _____

Physical Restrictions: _____
Physician Name/Phone #: _____
Dentist Name/Phone #: _____
Name of Insurance: _____
Policy Number: _____
Name of Employer: _____
Employer Phone Number: _____
Name of Policy Holder: _____

Parent / Guardian Signature Date